

APPLICATION FOR EMPLOYEE PERMIT

2 Year Employee Permit - Type 900 2 Year Volunteer Employee Permit - Type 801 2 Year Restricted Permit - Type 300

State Form 43 (R18 / 12-02) Approved by State Board of Accounts, 2002

INDIANA ALCOHOL & TOBACCO COMMISSION

302 W. Washington Street, Rm. E114 Indianapolis, Indiana 46204 Employee Permit Section (317) 232-2455 web page: http://www.IN.gov/atc Hours: 8:00 am to 4:00 pm EST

STEP 1. GENERAL INFORMATION									
Name of applicant (first, middle initial, last) (please print)			Daytime telephone number		E-mail	E-mail address			
Address (number and street)			City		State		ZIP code		
Social Security number (Mandatory)	Sex	Height (ff	:. in.)	Weight (Ibs.)	Date of bir	th (<i>month, day, year</i>)	Age		
Check one: Renewal Original application		Check one that applies:	at	2 - Year Employee Permit 19 -20 year old Restricted Permit 2 - Year Volunteer Permit					
Name and address of permit premises wher	e this permit is to be used (if known	n). If applying	for a Volunt	eer Permit, list the n	name and addre	ess of the not for pro	it organization.		

	STEP 2. BACKGROUND					
YES	NO	Do you know that it is a crime to drive with a blood-alcohol content of .08?				
YES	NO	Do you know that it is a Class B Misdemeanor, punishable by up to 6 months in jail and a \$1,000 fine, for knowingly serving an intoxicated person?				
YES	NO	Do you know that an excise officer may enter, inspect, and search your permit premises without a warrant and that you must produce your permit on demand?				
YES	NO	Do you know that the alcoholic beverage laws are a part of the criminal code and are enforceable by every law enforcement officer in the State of Indiana?				
YES	NO	Do you understand that this employee permit is yours and that your employer is only allowed to copy the permit?				
YES	NO	Do you know that you must renew your employee permit every two years?				
YES	NO	Do you know you may work on a receipt for a cashier's check or money order payable to the Commission for only 30 days from the date on the receipt?				
YES	NO	Do you have any outstanding and unpaid tax liabilities owing to the Indiana Department of Revenue? (If Yes, you cannot have a permit until all liabilities are paid)				
YES	NO	Have you ever had an application for an Alcoholic Beverage Permit or employee's permit denied, revoked, or suspended within the last 5 years? If Yes, explain.				
YES	NO	Have you ever been convicted of operating while intoxicated in Indiana or any other state? (If Yes, please list the month, day, year and location of your conviction)				
YES	NO	Are you currently serving a sentence for operating while intoxicated in Indiana or any other state?				

STEP 3. 19 - 20 YEAR OLD RESTRICTED PERMIT

To receive a Restricted Employee Permit, you must attach the original Certified Server Training Program Certificate issued to you at your training session. Photocopies will not be accepted.

STEP 4. FEE AND PAYMENT SCHEDULE

Type 900 - 2 Year Employee Permit (Fee \$20.00)

Type 801 - Volunteer Employee Permit (only used for Not for Profit Organization) (Fee \$5.00).

Type 300 - 2 Year Restricted Permit (Fee \$20.00)

Payment by mail may be money order, business check, or certified check. DO NOT SEND CASH OR PERSONAL CHECKS.

STEP 5. SIGNATURE AND AFFIRMATION

I certify that this application was completed by myself. I certify that all information provided on this form is true and correct. I understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application. I affirm under penalties of perjury that I am at least 19 years of age.

Signature of applicant	Date signed (month, day, year)